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For action

Recommendation for funding for a short-duration country programme**

Somalia

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Somalia with a duration of two years to support activities that will lead to the preparation of a full-length country programme when and if the situation permits. The Executive Director *recommends* that the Executive Board approve the amount of $5,859,000 from general resources, subject to the availability of funds, and $34,141,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period of 1999 to 2000.

* E/ICEF/1998/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

Basic data
(1996 unless otherwise stated)

Child population (millions, under 18 years)	5.3
U5MR (per 1,000 live births)	211
IMR (per 1,000 live births)	125
Underweight(% moderate/severe)	18 a/
Maternal mortality rate (per 100,000 live births) (1990)	1,600
Literacy (% male/female) (1990)	36/14
Primary school enrolment (% net male/female)	21/13 b/
Primary school children reaching grade 5 (%)	21 b/
Access to safe water (%)	26 b/
Routine EPI vaccine financed by the Government (%)	0
GNP per capita (US$) (1990)	110 c/
One-year-olds fully immunized against:	
tuberculosis	42 per cent b/
diphtheria/pertussis/tetanus	28 per cent b/
measles	43 per cent b/
poliomyelitis	28 per cent b/
Pregnant women immunized against tetanus	22 per cent b/

a/ North-Eastern Zone only.
b/ Northern Zone only.
c/ GNP per capita (1996): $785 or less.

The situation of children and women

1. Seven years after the collapse of the Siad Barre regime, the Somali people continue to live without a central government. Clan elders and community leaders have emerged to assume responsibility for governance, security and reconstruction. Somalia today is a mosaic of fluid, localized political entities, with fragile administrative and civil society structures. While some areas of the country are experiencing impressive political development and economic recovery, others continue to be plagued by complex emergencies. For the foreseeable future, Somalia is likely to remain fragmented and stateless.

2. Diarrhoeal disease-related dehydration, respiratory infections and malaria account for more than one half of all child deaths. Neonatal tetanus and other birth-related problems also contribute significantly to infant mortality, while measles and its complications result in many deaths during outbreaks. Recent localized surveys show immunization coverage to be less than 30 per cent. Children's

vulnerability to infectious diseases is aggravated by their poor nutritional status. Maternal mortality is estimated to be the third highest in the world. The immediate causes are haemorrhage, eclampsia, infection and anaemia, compounded by the effects of female genital mutilation (infibulation), a practice which is virtually universal. The underlying causes include the limited availability of trained midwives and referral services.

3. Malnutrition is a chronic problem in all areas and appears in acute form in areas of drought, flood or localized conflict. Poor infant feeding practices and infectious diseases are the main causes of malnutrition. There are good reasons to believe that iron deficiency anaemia is a serious problem and that vitamin A deficiency may contribute to both child and maternal morbidity and mortality. It is also suspected that iodine deficiency is a public health problem. Meanwhile, public health services are inadequate in terms of coverage and the quality of care mainly as a result of severe limitations in management and financial resources. This has led to a large, unregulated private sector-offering services which, in many cases, are of dubious quality. The health sector operates without a policy framework or regulations, thus without safeguards for patients. Poor hygiene and environmental sanitation are major causes of disease among children, including the transmission of cholera, which is endemic. Natural water scarcity has been aggravated by the destruction of water supply installations and by inadequate maintenance. Less than 30 per cent of the population have access to safe water.

4. Less than 20 per cent of school-age children are enrolled in primary schools. Of the approximately 150,000 children attending primary schools in 1997, 91 per cent were in grades 1 to 4. Girls represent 39 per cent of pupils in these lower grades, but only 28 per cent of those in grades 5 to 8. The quality of education is very poor, with only 56 per cent of primary school teachers being trained. The sector suffers from severe limitations of technical and financial resources, and a lack of consistency in standards.

5. There are believed to be substantial numbers of children and women living in camps in extreme poverty, children living on the streets, orphans, physically and mentally disabled and handicapped children, and children attached to militia groups. Few data are available on their conditions. In addition, gender discrimination is deeply rooted in the traditional socio-cultural structures of Somali society and remains a formidable barrier to women's participation in decision-making and access to resources. Violence against women and girls, resulting either from tradition or the civil war, includes the practice of female genital mutilation and sexual violence against the displaced.

Programme cooperation, 1997-1998

6. In spite of continuing insecurity, political instability and related operational difficulties, UNICEF has succeeded in delivering substantial emergency and rehabilitation assistance to affected populations. The organization's strong field presence has kept it at the forefront of humanitarian interventions in Somalia.

7. During 1997-1998, in the health sector, UNICEF provided essential support to nearly 600 health facilities throughout the country. Assistance has consisted mainly of supplying essential drugs and equipment, training health professionals and traditional birth attendants, and developing standards and operational guidelines. In the area of nutrition, UNICEF shifted its main focus from direct support to supplementary feeding centres to the promotion of improved infant and young child feeding and caring practices. Meanwhile, in water and sanitation, UNICEF supported the construction and rehabilitation of 114 water points, bringing the total number of beneficiaries with access to safe water to 1,500,000. In education, UNICEF assisted over 600 primary schools enrolling over 150,000 children. Support included the provision of textbooks and school supplies, the development of curricula and teacher training. In addition to its support to the prevention and control of recurrent outbreaks of cholera and measles, UNICEF responded to the drought emergency in 1997 and the 1997-1998 floods in southern Somalia which killed over 2,500 people and left close to 1 million people vulnerable to malnutrition and diseases. UNICEF acted as coordinator for the inter-agency flood response operation.

8. Efforts were made to integrate the promotion of positive behavioural changes and gender concerns in sectoral programmes. The problem of female genital mutilation began to be addressed through the establishment of local coalition groups. An integrated monitoring plan was developed which has helped to systematize programme monitoring and reporting based on key indicators. A number of baseline studies were conducted, and a comprehensive situation analysis of children and women was completed after a hiatus of 10 years. During this period, UNICEF worked very closely with United Nations sister agencies, non-governmental organizations (NGOs) and donor partners in programme planning and implementation. UNICEF has partnership agreements with over 30 NGOs working in Somalia. At the policy level, coordination between United Nations agencies, donors and NGOs is conducted through the Somalia Aid

Coordination Body, and a common framework has been adopted by United Nations partners to guide interventions in Somalia.

Lessons learned

9. Political power in Somalia has become so decentralized that "top-down" programming approaches are not viable. UNICEF support has had to be flexible in interacting with diverse structures at zonal and community levels. UNICEF has learned to work with local authorities and civil society organizations as partners in rehabilitation. It has devised innovative ways to support local capacity-building and governance, building on existing coping mechanisms. An example is the Jowhar water project where, after long negotiations, an inter-clan group assumed the management and protection of the town water system. The complex situation of Somalia, therefore, calls for a high degree of flexibility and innovation. UNICEF has responded to this challenge by adopting a mix of strategies adapted to the diverse operational environments and developmental needs. Lessons learned from the recent emergencies also emphasize the importance of decentralizing operations to enable major decisions and contributions to be made by those most in touch with the situation.

Recommended programme cooperation, 1999-2000

Estimated annual expenditure
(In thousands of United States dollars)

	1999	*2000*	*Total*
General resources			
Health	480	480	960
Nutrition	145	145	290
Water and environmental sanitation	336	336	672
Basic education	280	280	560
Emergency preparedness and response	-	-	-
Coordination, communication and advocacy	890	1 169	2 059
Cross-sectoral costs	659	659	1 318
Subtotal	**2 790**	**3 069**	**5 859**
Supplementary funding			
Health	5 937	5 937	11 874
Nutrition	1 693	1 693	3 386
Water and environmental sanitation	3 286	3 286	6 572
Basic education	2 953	2 953	5 906
Emergency preparedness and response	815	815	1 630
Coordination, communication and advocacy	1 126	847	1 973
Cross-sectoral costs	1 400	1 400	2 800
Subtotal	**17 210**	**16 931**	**34 141**
Total	**20 000**	**20 000**	**40 000**

Programme preparation process

10. The recommended programme is the outcome of a series of consultative processes, including the situation analysis. Donors, NGOs and United Nations sister agencies participated in planning and strategy sessions held in 1998. While the fragmented political situation has not allowed for effective participation by "national" counterparts, UNICEF has promoted the involvement of Somalis in programme preparation through zonal-level consultations. A short-duration programme is recommended to respond to the needs of both the relatively stable north and the highly fluid and insecure south. The programme is fully in line with the United Nations common strategies and guiding principles adopted for Somalia.

Programme objectives and strategies

11. Major changes were made in programme strategy and management during 1997-1998 to respond to the heterogeneous environment and to increase the efficiency and effectiveness of programmes and support operations. The new programme will focus on implementation of these strategies. Innovative approaches, including partnerships with the private sector and communities for service provision, will continue to be tested and will serve as the basis for scaling up interventions.

12. Programme strategies will continue to be adapted to specific needs and opportunities in three distinct political and economic zones of Somalia: zones of recovery, zones in transition, and zones in crisis. In the zones in crisis, the priority will be to ensure "safety nets" for the most vulnerable groups through improved emergency prevention, preparedness and well-coordinated response. Assistance in zones of recovery will be geared to the improved quality and sustainability of essential services for children and women through a more structured approach to the mobilization of local resources and development of local systems and capacity. Where there is a functional administration, notably in the North-west, UNICEF will continue to strengthen the capacities of local authorities to direct, coordinate and implement interventions in favour of children and women. The zones in transition, which tend to be scattered pockets of relative peace and stability, will require localized support, often with a mixture of rehabilitation and emergency approaches. Therefore, the degree to which issues of sustainability and systems-building can be addressed will tend to vary according to the level of governance and security in each zone. Given the volatile situation in the country, emergency preparedness will need to be built into each component of the country programme, while flexibility in programming and operations will be essential.

Health

13. This programme will ensure access to and utilization of a package of essential preventive, curative and promotive services among at least 60 per cent of the settled population. It will strengthen individual, family and community capacities to improve their health and nutritional status. Increased immunization coverage, including intensification of the campaign to eradicate poliomyelitis, and improved reproductive health services will be priorities. In areas of relative peace and stability, the programme will develop a systems approach to improving the quality and sustainability of basic health care through the introduction of agreed standards and procedures, more accountable management systems, and user participation in management and financing of services.

Nutrition

14. The main objective of this programme will be to improve care and feeding practices in order to address the underlying causes of malnutrition. Emphasis will be on promoting exclusive breastfeeding practices, the timely introduction of complementary food and increased public awareness of the importance of micronutrients. Supplementary feeding will be supported in situations of acute emergency, as will therapeutic feeding, where needed. The programme will use formal and non-formal channels for the provision of vitamin A and iron supplements. Salt iodization may be initiated based on studies of the prevalence of iodine deficiency disorders held in 1998.

Water and environmental sanitation

15. The priority in this sector will be to sustain and restore past investments in water supply systems through the building of local capacity for system maintenance, improved management practices and the introduction of cost-sharing schemes to recover part of the recurrent expenses. The programme will help to extend access to safe water to an estimated 200,000 people each year. In collaboration with other programmes, behavioural change will be promoted for improved personal hygiene and environmental sanitation.

Basic education

16. A priority of this programme will be to increase access to and the utilization, quality and sustainability of

formal primary education through a community-based approach to the rehabilitation of the sector. Central to UNICEF support will be the empowerment of parents and communities to oversee the management of schools and mobilize local resources for the remuneration of teachers and other recurrent costs. In addition, the programme will expand its support to alternate forms of basic education, namely Koranic and private schools and non formal education centres. Support also will be provided for meeting the educational, recreational and psychosocial needs of young people.

Emergency preparedness and response

17. While emergency preparedness is built into each programme component, the scale of support required during acute emergencies increases rapidly. This programme aims to provide back-up support to all sectoral programmes by ensuring overall preparedness and rapid and efficient response during humanitarian crises. The southern and central zones are generally more prone to man-made and natural crises and will require particular attention.

Coordination, communication and advocacy

18. This programme consists of four cross-cutting projects designed to support the other components as well as to promote programme objectives in their own right. They comprise: information and programme communication; gender and advancement of women; support to children in need of special protection; and monitoring, evaluation and research.

19. The first project will develop and implement a research-based programme communication and social mobilization strategy for the promotion of behavioural change. Increased understanding of and respect for the rights of children and women will be promoted. The second project will ensure that gender issues are addressed as an integral part of all programmes. Emphasis will be placed on promoting the eradication of female genital mutilation through the mobilization of community and religious leaders and on protecting women and girls in camps against sexual violence. The third project will support assessments of children in need of special protection and will use the analysis to develop appropriate and cost-effective interventions. Lastly, research, monitoring and evaluation activities will aim at improving strategy formulation and monitoring progress made towards achieving programme objectives in terms of coverage, access, utilization, impact and cost-effectiveness. While efforts will continue to establish baseline data, more emphasis will be placed on the evaluation of programmes and the documentation and dissemination of best practices. Simple education and health management information systems will be established to provide local managers with data for decision-making.

Resource mobilization

20. In 1997, the total funds available for UNICEF programme work in Somalia were $19.7 million, including $3.2 million received against the inter-agency appeal for the flood emergency. A total of $8 million in supplementary funds were available as of April 1998, and over $13 million had been pledged or were under negotiation with donors. The level of supplementary funds proposed for the 1999-2000 country programme assumes an annual carry-over of $4 million to $5 million, as ongoing negotiations with donors are concluded, plus a further mobilization of supplementary funds of approximately $12 million a year.

21. UNICEF will build on its already close relations with donors to mobilize the required resources. Opportunities for increased fund-raising should be enhanced by the organization's effective leadership and interventions during the inter-agency response to the 1997-1998 floods in southern Somalia. In addition, UNICEF will mobilize funds for emergencies, as necessary, through United Nations consolidated appeals for Somalia. The programme will need to continue to cover the unusually high programme support costs which arise from the lack of effective national structures and the insecure conditions in much of Somalia.

Coordination and inter-agency collaboration

22. To achieve the programme objectives, it will be necessary to ensure that the limited resources available to UNICEF both complement and help to mobilize the resources of other key partners. UNICEF will work closely with local civil society organizations and de facto local authorities, NGOs, United Nations agencies and donors, and will ensure overall coordination through existing mechanisms, namely the Somalia Aid Coordination Body and the United Nations Coordination Unit based in Nairobi. Partnerships with NGOs will be central to effective implementation, particularly in the zones in transition and crisis. UNICEF will continue to provide technical and policy guidance to NGOs where required.

Programme management and support

23. In the absence of a central government, the programme will continue to be implemented through local or international NGOs, community organizations

and nascent local administrative structures. The current UNICEF office set-up consists of a support and coordination centre in Nairobi, four zonal offices in Hargeisa, Bossaso, Kismayo and Mogadishu, and two small outposts in Jowhar and Baidoa. However, the chronic insecurity in southern and central Somalia continues to hamper the ability of UNICEF to reach the majority of children and women in those areas. In addition, the concentration of property and staff in few locations has made the organization vulnerable to looting, harassment and kidnapping. In response, and following consultations with NGO and donor partners, UNICEF plans to close its Kismayo and Mogadishu offices and operate in the south/centre from the office in Jowhar and three outposts, with strong support from Nairobi-based teams. The programme and operations staff of the south/central zonal offices will be merged into a single mobile emergency team.

DP

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : SOMALIA
PROGRAMME : 1999-2000

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	960,000			960,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER, SANITATION AND HYGIENE	672,000			672,000	0	0	0	0	0	0	0	0	0	0	0	0	0
NUTRITION	290,000			290,000	0	0	0	0	0	0	0	0	1	1	0	31,888	31,888
EDUCATION	560,000			560,000	0	0	0	1	0	0	1	0	0	1	311,424	0	311,424
CROSS-SECTORAL COSTS	1,318,000			1,318,000	0	0	0	0	2	0	2	1	18	21	424,904	685,784	1,110,688
RELIEF AND RESETTLEMENT	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
PLANNING AND COORDINATION	2,059,000			2,059,000	0	0	0	0	0	0	0	1	4	5	0	229,817	229,817
TOTAL GR	5,859,000			5,859,000	0	0	0	1	2	0	3	2	23	28	736,328	947,489	1,683,817
SUPPLEMENTARY FUNDING :																	
HEALTH		0	11,874,000	11,874,000	0	0	0	2	2	1	5	5	9	19	1,225,110	541,084	1,766,194
WATER, SANITATION AND HYGIENE		0	6,572,000	6,572,000	0	0	0	2	1	0	3	7	9	19	808,425	665,790	1,474,215
NUTRITION		0	3,386,000	3,386,000	0	0	0	0	1	1	2	3	4	9	425,319	303,784	729,103
EDUCATION		0	5,906,000	5,906,000	0	0	0	1	1	0	2	6	9	17	497,001	653,050	1,150,051
CROSS-SECTORAL COSTS		0	2,800,000	2,800,000	0	0	0	0	0	1	1	1	4	6	315,959	227,168	543,127
RELIEF AND RESETTLEMENT		0	1,630,000	1,630,000	0	0	0	1	0	0	1	0	0	1	284,549	0	284,549
PLANNING AND COORDINATION		0	1,973,000	1,973,000	0	0	0	0	1	0	1	5	5	11	212,452	451,633	664,085
TOTAL SF		0	34,141,000	34,141,000	0	0	0	6	6	3	15	27	40	82	3,768,815	2,842,509	6,611,324
TOTAL GR & SF	5,859,000	0	34,141,000	40,000,000	0	0	0	7	8	3	18	29	63	110	4,505,143	3,789,998	8,295,141
SUPPORT BUDGET			Operating costs Staffing	256,706	0	0	1	3	0	0	4	2	8	14	1,289,528	488,033	1,777,561
GRAND TOTAL (GR + SF + SB)					0	0	1	10	8	3	22	31	71	124	5,794,671	4,278,031	10,072,702
	Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)										25 22	14 31	55 71	94 124	5,794,671	4,278,031	10,072,702

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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